

UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
JONESBORO DIVISION

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

MAR 27 2003

JENNY LEE LINEBAUGH

JAMES W. McCORMACK, CLERK
By: Jean Swiman DEP CLERK

ADC # _____

(Enter above the full name of the
plaintiff or plaintiffs in this action.)

V. ST. BERNARDS BEHAVIORIAL HEALTH
CENTER

CASE NO. 3:03CV00091 WRW

DR. HERBERT H. PRICE III

(Enter above the full name of the
defendant or defendants in this action.)

This case assigned to District Judge WILSON
and to Magistrate Judge YOUNG

I. Previous lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

a. Parties to this lawsuit:

Plaintiffs: _____

Defendants: _____

b. Court (if federal court, name the district; if state court, name the county):

- c. Docket Number: _____
- d. Name of judge to whom case was assigned: _____
- e. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- f. Approximate date of filing lawsuit: _____
- g. Approximate date of disposition: _____

II. Place of present confinement: _____

III. At the time of the alleged incident(s), were you:
(check appropriate blank)

- ☐ in jail and still awaiting trial on pending criminal charges
- ☐ serving a sentence as a result of a judgment of conviction
- ☐ in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

IV. There is a prisoner grievance procedure in the Arkansas Department of Corrections.
Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☐ No ☐

B. If your answer is YES, attach copies evidencing completion of the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.

C. If your answer is NO, explain why not: _____

V. Parties

In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: JENNY LEE LINEBAUGH

Address: 423 NORTHWEST LAWRENCE STREET

HOXIE AR. 72433

Name of plaintiff: _____

Address: _____

Name of plaintiff: _____

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: ST. BERNARD'S BEHAVIORAL HEALTH CENTER

Position: ADMISSIONS ADMINISTRATOR

Place of employment: _____

Address: 2712 E. JOHNSON AVENUE JONESBORO AR, 72401

Name of defendant: HERBERT H. PRICE III

Position: _____

Place of employment: ST. BERNARD'S BEHAVIORAL HEALTH CENTER

Address: 2712 EAST JOHNSON AVENUE JONESBORO AR 72401

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

VI. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I WAS DENIED MENTAL HEALTH ATTENTION.

VII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

UNDISCLOSED AWARD FOR PUNITIVE
AND COMPENSATORY DAMAGES

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this _____ day of _____, 20____.

Jenny Linebaugh

Signature(s) of plaintiff(s)

Civil Rights

STATEMENT OF COMPLIANCE

IT IS THE OFFICIAL POLICY OF LAWRENCE MEMORIAL HOSPITAL AND LAWRENCE HALL NURSING CENTER OF WALNUT RIDGE, AR THAT NO ONE ON THE ACCOUNT OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, VETERAN'S STATUS, HANDICAPS, DISABILITIES, OR RELIGIOUS CREED SHALL BE DENIED ANY SERVICE OR SUBJECTED TO ANY FORM OF DISCRIMINATION. (The word "DISCRIMINATION" as used in this policy shall be understood to mean "DISCRIMINATION ON THE ACCOUNT OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, VETERAN'S STATUS, HANDICAPS, DISABILITIES, OR RELEGIOUS CREED") OR IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS AND ACTIVITIES PURSUANT TO SECTION 601, TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, PUBLIC LAW 88-352M SECTION 504 OF THE REHABILITATION ACT OF 1973, AND TITLE VI AND XVI OF THE PUBLIC HEALTH SERVICE ACT AND AMERICAN DISABILITIES ACT OF 1992.

For additional information or assistance, please contact:

Ernest Briner, 504 Coordinator and Administrator
(501) 886-1200 ext. 1256